

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37305

1. PLACE OF DEATH

County Callaway
Township Hulton
City Hulton (No. 1)

Registration District No. 104
Primary Registration District No. 3008

File No. 254
Registered No. 254 Ward 1

2. FULL NAME

Mrs. Fannie E. Mohr
(a) Residence, No. R.F.D. 1, Landon, Mo. Ward 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Dead - Unknown

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 21, 1859

8. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

5 7 11 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

FATHER

13. NAME

Jackson Woolderstan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

DK

MOTHER

15. MAIDEN NAME

Humphrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

DK

17. INFORMANT (ADDRESS)

Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lesay

DATE

10/28/37

19. UNDERTAKER (ADDRESS)

Wilkes Undertaking Co.
Lesay, Mo.

20. FILED

Oct 27, 37

R. N. Crew

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 4, 1937, to Oct. 27, 1937

I last saw her alive on Oct. 26, 1937 Death is said

to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

1. Acute pyelo nephritis
2. Chronic Bright's disease
3. Ch. myocarditis

Date of onset

Other contributory causes of importance:

Mild hypertension
Toxic psychosis

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. J. Cramer, M. D.

(Address) State Hosp. No. 1

